IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 1647	**Customer No.: 035811**
Examiner	: Robert S. Landsman	
Serial No.	: 09/481,990	
Filed	: January 11, 2000	Docket No.: 1201-DIV-00
Inventors	: Florian Lesage	
	: Eric Guillemare	
	: Michel Fink	Confirmation No.: 6424
	: Fabrice Duprat	
	: Michel Lazdunski	
	: Georges Romey	
	: Jacques Barhanin	
Title	: ISOLATED TWIK-1 POTASSIUM	
	: CHANNEL PROTEINS	Dated: May 23, 2005

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated November 22, 2004, please amend the application as follows:

Amendments to the specification begin on pg. 2 of this paper.

Amendments to the claims begin on pg. 3 of this paper.

Remarks/Argument begin on pg. 4 of this paper.

Attorney Docket No.: 1201-DIV-00

In re Application of Florian Lesage et al.

Serial No.:   09/481,990

Filed: January 11, 2000

For: ISOLATED TWIK-1 POTASSIUM CHANNEL PROTEINS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

____   Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

____   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

_x_   No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	*2	-	**30 =	0	x 25 =	$		x 50 =	$
INDEP.	*2	-	** 4 =	0	x 100 =	$	OR	x 200 =	$
Application Size Fee						$		x 250 =	$
First Presentation of Multiple Dependent Claim					+180 =	$		+360 =	$

TOTAL ADDITIONAL FEE $_____   OR $_____

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

____   Please charge my Deposit Account No. 50-2719 in the amount of $_____. A duplicate copy A duplicate copy of this sheet is enclosed.
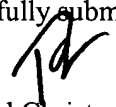
____   A check in the amount of $_____ is attached.

__x__   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

        __x__   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

        __x__   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

T. Daniel Christenbury, Reg. No. 31,750
Paul Carango, Reg. No. 42,386
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